



United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 17-00087
DEFENDANT Melissa Chapman f/k/a Melissa D. Lee		TYPE OF PROCESS Sale
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE AT	Melissa Chapman f/k/a Melissa D. Lee	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) RR3 Box 88 n/k/a 16038 Berwick Turnpike, Gillett, PA. 16925 (Bradford County)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106 </div>		Number of process to be served with this Form 285
		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Minimum Bid: \$15,700.00

Sale: November 1, 2017 at 11:00 a.m.

Bradford County Courthouse, 301 Main Street, Towanda, PA. 18848

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-627-1322	DATE 10/23/17
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk 	Date 10/30/2017
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 I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode						
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date 11/1/17</td> <td>Time 11:00</td> <td><input checked="" type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="3">Signature of U.S. Marshal or Deputy </td> </tr> </table>	Date 11/1/17	Time 11:00	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy 		
Date 11/1/17	Time 11:00	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm					
Signature of U.S. Marshal or Deputy 							

Service Fee \$195	Total Mileage Charges including endeavors \$75.60	Forwarding Fee	Total Charges \$270.60	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

NO SALE

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

FILED
HARRISBURG, PA

NOV 06 2017

Form USM-285
Rev 11/13